

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022336
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 106

FILED JUN 25 1962

1. PLACE OF DEATH
a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN North Kansas City

Length of stay in 1b
UNKNOWN

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION North Kansas City Memorial Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay

c. CITY OR TOWN Kansas City 18 Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
5323 N. Woodland Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Fred Middle Marion Last Peek

4. DATE OF DEATH
Month June Day 14 Year 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
January 4-09

9. AGE (last birthday)
53

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Foreman

10b. KIND OF BUSINESS OR INDUSTRY
Stewart Hall

11. BIRTHPLACE (City and state or country)
St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Richard R Peek

13b. MOTHER'S MAIDEN NAME

Lessie Richardson

14. NAME OF HUSBAND OR WIFE

MARY B.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WW II

16. SOCIAL SECURITY NO.
[REDACTED]

17. INFORMANT
Mrs. Mary Peek Address 5323 N. Woodland Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebrovascular thrombosis

INTERVAL BETWEEN ONSET AND DEATH

several days

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

DUE TO (b)

cerebral arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to June 14, 1962 last saw him alive on June 14, 1962
Death occurred at 7:40 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. G. Petersen, M.D.

22b. ADDRESS

6708 N. Oak, K.C. 18, Mo 6-14-62

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-16-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

23d. LOCATION (City, town, or county)

St Joseph

(State)

Mo.

24. FUNERAL DIRECTOR

Wheaton Bowman Address St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

6-17-62

26. REGISTRAR'S SIGNATURE

Marguerite Hudgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 3 1962

MAR 23 1963

JUN 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3450 10th, St. Joseph, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.